)I\	/IS	ION OF HEALTH – STANDARD CERTIFICATE OF DEATH -62-019067
DO NOT WRITE	AR		EN T		9 	1	STATE FILE NUMBER Primary Registration District No. 002 Registrar's No. 2455 STATE FILE NUMBER
VS 300 Rev. 4/59		DED			-	1	PLACE OF DEATH a. COUNTY Tackson b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b c. CITY Length of stey in 1b c. CITY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE b. COUNTY Bates Inside Limits
		AMENDED					OR TOWN Kansas City 5 days TOWN Butler
200171		DATE A			١		c. Full NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital C. Full NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital C. Full NAME OF (If NOT in hospital, give location) Reside on Farm Yes □ No M
3	1		$\neg \uparrow$	++	ı	_3	. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4 0					ı	_	Harvey Lee Oberweather May 5, 1962
5 1					ı	3	Male White Widowed Divorced May 16, 1886 75 Months Days Hours Min.
6	Ş						a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
7 1	NO.				1	13	Mayor Butler, Mo. Kentucky II.S.A. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
8 /	豆				ı	H	enry Oberweather Elizabeth Ammerman Margaret H. Oberweather WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT Address
0 1110	AS				ı		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no, or unknown) (If yes, give war or dates of service Margaret H. Oberweather, Butler, Mo.
95400	ARE				Ξĺ	-1	18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	S S	P			Š		IMMEDIATE CAUSE (a) MONARY JURISHICING
11 12 66-c ir 13	THIS RECORD	INSTEAD (DOCUMEN		Conditions, if any, which gave rise to above cause (a), stating the under-
	NO O		1	1	1	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female w
	တ				۱	CATION	disease condition given in PART I (a) there a pregnancy in last 90 day Tyes
15 mg 12 mg	AMENDMENT					CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES 20 NO
(INK RIBBON	AME				ł	AEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
RIBE					ı	<	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 100 PLACE OF INJURY (e.g., in or about home, while at work farm, factory, street, office bldg., etc.)
BLAC OR VRITER		D READ				eene	21. I attended the deceased from 5-1-62, to 5-5-62 and last saw him elive on 5-4-62. Death occurred at 4 6 m 5-5-02 m on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLACK INK OR TYPEWRITER RIBBO		SHOULD	-		5 6	!	220. SIGNATURE (Degree or title) 22b. ADDRESS 46 20 N ichold Phoy, Kung 5-552
		A NO.	+		₽	•	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State) REMOVAL (Specify) REMOVAL 5-5-62 SURFIAL DIRECTOR ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) Butler Missouri 5-5-62 25. DATE RECD. BY LOCAL REG. 26. RESTRAR'S SIGNATURE 7
		ITEM			֝֝֝֝֝֟֝֝		Stine & McClure, Kansas City, Mo. 5-5-62 Ruth Long
	•	, ,	•		•	_	(Licensed Embalmer's Statement on Reverse Side)

Saer à Muc ..;

STATEMENT BY LICENSED EMBALMER

BOND OF BUILDING

r by	, Student Embalmer No
vorking under my personal supervision.	
	igned Behan W Meeker
Signature of Student Embalmer	Licensed Embalmer No. 5078

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.